

**STATE OF MONTANA**  
**DEPARTMENT OF LIVESTOCK**  
**Animal Health Division**  
**Helena, Montana 59620-2001**  
**Telephone (406) 444-2976**

**ANNUAL POULTRY IMPORT PERMIT**

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I HEREBY APPLY FOR A POULTRY SHIPPING PERMIT TO SHIP HATCHING EGGS, CHICKS AND/OR POULTRY INTO THE STATE OF MONTANA. I UNDERSTAND THAT THIS PERMIT WILL EXPIRE ON DECEMBER 31ST OF THE YEAR IN WHICH IT IS ISSUED.



**CERTIFICATION**

I hereby certify that each container of hatching eggs, chicks, and poultry shipped into Montana will bear an official label or certificate with the Montana Poultry Shipping Permit number, as required by Montana Department of Livestock, Animal Health Division Rule 32.3.217.

I further certify that my hatchery or premise is participating in the National Poultry Improvement Plan.  
NPIP Approval No. \_\_\_\_\_

**OR**

If not participating in the National Poultry Improvement Plan, this application must be endorsed by the Livestock Sanitary Official of your state as follows:

I hereby certify that this hatchery is operating under the Disease Control authority of the State of \_\_\_\_\_ and obtains only hatching eggs, chicks, and poults from flocks that are classified as Pullorum-typhoid clean or of equal status.

\_\_\_\_\_  
Signature  
State Accredited Veterinarian or  
Animal Health Official

\_\_\_\_\_  
Date

**APPLICANT INFORMATION**

\_\_\_\_\_  
Name of Applicant (Hatchery)

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Mailing Address of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
City & State of Applicant      Zip Code

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Date Permit Issued**      \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Permit Number** \_\_\_\_\_

**Expiration Date**      12 / 31 / \_\_\_\_